Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Programme III).



## Notification of Regulated Waste Activity

**Date Received** (For Official Use Only)

ILD 984 919 753    A. First Notification   B. Subsequent Notification
Substantial   Substantial
III. Name of Installation (Include company and specific site name)
Comparison of Installation (Physical address not P.O. Bax or Route Number)
III. Location of installation (Physical address not P.O. Box or Route Number)  Street  3 69 PUBL / SHERS DR / VE  Street (continued)  City or Town  State ZIP Code  County Code County Name  2 0 / W / WEB AG D  IV. Installation Malling Address (See Instructions)  Street or P.O. Box  SHEE ZIP Code  V. Installation Contact (Person to be contected regarding waste activities at sits)  Name (last)  H BR AHAM WAGER  VI. Installation Contact Address (See Instructions)  A Contact Address (See Instructions)  State ZIP Code  City or Town  State ZIP Code
Street (continued)  City or Town  State ZIP Code  ROCKEORD  County Code Courty Name  201 WI Installation Malling Address (See Instructions)  Street or P.O. Bos  Street or P.O. Bos  Street or P.O. Bos  Y. Installation Contact (Person to be contacted regarding waste sctivities at site)  Name (fast)  ABRAHAM  WALLY  Job Title  Phone Number (aree code and number)  Phone Number (aree code and number)  W. Installation Contact Address (See Instructions)  A. Contact Address (See Instructions)  A. Contact Address (See Instructions)  A. Contact Address (See Instructions)  State ZIP Code
Street (continued)  City or Town  State ZIP Code  POCKFORD  LOUIS A County Name  20/W/WEBA40  IV. Installation Malling Address (See instructions)  Street or P.O. Box  State ZIP Code  City or Town  State ZIP Code  V. Installation Contact (Person to be contacted regarding whate activities at afte)  Name (last)  ABRAAM  Job Title  Phone Number (aree code and number)  SHOP MANAGER BESTreet or P.O. Box  VI. Installation Contact Address (See Instructions)  A. Contact Address B. Street or P.O. Box  State ZIP Code  City or Town  State ZIP Code
City or Yown  State ZIP Code  ROCKFORD  County Code  County Name  201 W WEB A40  IV. Installation Malling Address (See Instructions)  Street or P.O. Box  City or Yown  State ZIP Code  City or Town  State ZIP Code  V. Installation Contact (Person to be contected regarding weste activities at aits)  Name (last)  WALCY  Job Title  Phone Number (are code and number)  WI Installation Cornect Address (See Instructions)  A Contact Address  Location Malling  B. Street or P.O. Box  City or Town  State ZIP Code
County Code County Name  2 0 / W / WEB A4 0  IV. Installation Malling Address (See Instructions)  Street or P.O. Box  S A M C  City or Town  State ZIP Code  V. Installation Contact (Person to be contacted regarding weste scilvities at alts)  Name (fast)  A B B A H A M (first)  Phone Number (area code and number)  VI. Installation Contact Address (See Instructions)  A Contact Address (See Instructions)  A Contact Address (See Instructions)  A Contact Address (See Instructions)  State ZIP Code
County Code County Name  2 0 / W / WEB A 4 0  IV. Installation Malling Address (See instructions)  Street or P.O. Bos  S A M E  City or Town  State ZIP Code  V. Installation Contact (Person to be contacted regarding weste activities at sits)  Name (last)  A B A H A M WA C Y  Job Title  Phone Number, (area code and number)  S H D P M A N A G E R B / S - B 7 4 - 4 1 8 B  VI. Installation Contact Address (See Instructions)  A Contact Address (See Instructions)  A Contact Address (See Instructions)  City or Town  State ZIP Code
County Code County Name  2 0 / W / W / B A 4 0  IV. Installation Mailing Address (See instructions)  Street or P.D. Box  City or Town  State ZIP Gode  V. Installation Contact (Person to be contacted regarding waste activities at afte)  Name (IESt)  A B A H A M W A C C Y  Job Title  Phone Number (area code and number)  VI. Installation Contact Address (See Instructions)  A Contact Address (See Instructions)  A Contact Address (See Instructions)  A Contact Address (See Instructions)  State ZIP Code
TV. Installation Mailing Address (See Instructions)  Street or P.O. Box  City or Town  State ZIP Code  V. Installation Contact (Person to be contected regarding weste activities at afte)  Name (last)  HBR HHAM WALLY  Job Title  Phone Number (area code and number)  SHD P MANAGER (See Instructions)  A. Contact Address (See Instructions)  A. Contact Address (See Instructions)  City or Town  State ZIP Code
1V. Installation Malling Address (See Instructions)  Street or P.O. Bos  City or Town  State  ZIP Code  V. Installation Contact (Person to be contacted regarding weste activities at site)  Name (fast)  A B R A A M WALCY  Job Title  Phone Number (aree code and number)  SHOP MANAGER (See Instructions)  A. Contact Address (See Instructions)  A. Contact Address (See Instructions)  A. Contact Address B. Street or P.O. Box  Location Mailing  City or Town  State  ZIP Code
Street or P.O. Box  S. A. M. C.  City or Town  State ZIP Code  V. Installation Contact (Person to be contacted regarding waste activities at site)  Name (last)  A. B. A. H. A. M. W. A. C. C. Y.  Job Title  Phone Number (area code and number)  VI. Installation Contact Address (See Instructions)  A. Contact Address (See Instructions)  A. Contact Address B. Street or P.O. Box  Location Mailing  City or Town  State ZIP Code
City or Town  State ZIP Code  V. Installation Contact (Person to be contacted regarding weste ectivities at site)  Name (IESt)  ((III)  ABRAHAM  Job Title  Phone Number (aree code and number)  VI. Installation Contact Address (See Instructions)  A. Contact Address  Location  Mailing  B. Street or P.O. Box  City or Town  State  ZIP Code
City or Town  State ZIP Code  V. Installation Contact (Person to be contacted regarding waste activities at site)  Name (last)  ABRAAM  Job Title  Phone Number (area code and number)  VI. Installation Contact Address (See Instructions)  A. Contact Address B. Street or P.O. Box  Location  Mailing  City or Town  State ZIP Code
V. Installation Contact (Person to be contacted regarding waste activities at alte)  Name (fast)  ABRAMA  Job Title  Phone Number (ares code and number)  VI. Installation Contact Address (See Instructions)  A. Contact Address Location  Mailing  City or Town  State  ZIP Code
Name (last)  ABRAMAM  Job Title  Phone Number (area code and number)  VI. Installation Contact Address (See Instructions)  A. Contact Address S. Street or P.O. Box Location: Mailing  City or Town  State ZIP Code
Name (last)  ABRAM  Job Title  Phone Number (area code and number)  VI. Installation Contact Address (See Instructions)  A. Contact Address B. Street or P.O. Box Location Mailing  State ZIP Code
ABRAMM WALLY  Job Title  Phone Number (area code and number)  VI. Installation Contact Address (See Instructions)  A. Contact Address B. Street or P.O. Box  Location Mailing  City or Town  State ZIP Code
Job Title  Phone Number (area code and number)  SHOP MANAGER B 15 - 874 - 4188  VI. Installation Contact Address (See Instructions)  A. Contact Address B. Street or P.O. Box Location Mailing  City or Town  State ZIP Code
Job Title  SHOP MANAGER 815-874-988  VI. Installation Contact Address (See Instructions)  A. Contact Address B. Street or P.O. Box  Location Mailing State ZIP Code  City or Town
VI. Installation Contact Address (See Instructions)  A. Contact Address B. Street or P.O. Box Location Mailing State of P.O. Box  City or Town State ZIP Code
VI. Installation Contact Address (See Instructions)  A. Contact Address B. Street or P.O. Box Location Mailing State of P.O. Box  City or Town State ZIP Code
A. Contact Address Location Mailing  City or Town  State ZIP Code
City or Town State ZIP Code
City or Town State ZIP Code
VII. Ownership (See Instructions)
A. Name of Installation's Legal Owner
WICCIAM J. ROCHET THEORY
Street, P.O. Box, or Route Number
3 6 7
ROCKFORD 1111/16/009-
B. Land Type C. Owner Type D. Change of Owner (Date Changed) Phone Number (area code and number)  B. Land Type C. Owner Type D. Change of Owner (Date Changed) Indicator Month Day Year

PORTO AND	ity (Mark 'X' in the appropriate boxes. Refer (	e Instructions 1
	ous Waste Activity	B. Used Oil Fuel Activities
Generator (See Instructions)	3. Treater, Storer, Disposer (at	
a. Greater than 1000kg/mc (2,200	mustation bluss because is seeming	red 1 Off-Specification Used Oil Fuel  a. Generator Marketing to Burn
b. 100 to 1000 kg/ma (220 - 2,200 c; Less than 100 kg/ma (220 lbs.)	He.) 4 Hazardous Waste Fuel	b. Other Marketer
Transporier (Indicate Mode in boxe)	a. Generator Marketing to Burner b. Other Marketers	o. Burner - indicate device(s) - Type of Combustion Device
a. For own waste only	o. Boiler and/or Industrial Furnace	1. Utility Boiler
b. For commercial purposes	1. Smelter Deferral	2. Industrial Boiler
Mode of Transportation  1. Air	2. Small Quantity Exemption Indicate Type of Compustion	ri3. Industrial Fi≭⊓ace
2 Reli	Device(\$)	2. Specification Used Oil Fuel Mar
3 Highway  4 Water	2 Industriel Soiler	(or On-site Burner) Who First Claims the Oil Meets the Specification
5. Other - specify	3 Industrial Furnace	- Statements
	5. Underground Injection Control	
Description of Regulated Waster	(Use additional sheets if necessary)	
Characteristics of Nonlisted Hazard	ous Wastes. Mark 'X' in the boxes corresponding to	the characteristics of nonlisted hazardous
	4 Torichy	
Ignitable 2 Corosive 3 Resolive (D001) (D002) (D003)	Characteristic (D000) (List specific EPA hazartous waste numberla)	for the Todoky characteristic contempants))
$\square$ $\square$		
Listed Hazardous Wastes. (See 40 C	FR 261.31 - 33. See instructions if you need to list me	ore than 12 waste codes.)
1 2	3 4	5 6
7 8	9 10	11 12
	requiring a handler to have an i.D. number. See instr	
	3   4	5   6
Certification		
ertify under penalty of law that th	is document and all attachments were prepar	red under my direction or supervision
bmitted. Based on my inquiry of th	nd to assure that qualified personnel proper ne person or persons who manage the system,	or those persons directly responsible
implete. I am aware that there are s	rmation submitted is, to the best of my kno significant penalties for submitting false inform	wiedge and belief, true, accurate, a ation, including the possibility of fine a
prisonment for knowing violation	•	-
nature	Name and Official Title (type or print)	Date Signed
vally (iliel-	Manager Wally	HEIRNAM 6/2/13
Comments		
	•	

Form Approved, CAMS No. 2000-0024, Equition 30-62

Please rater to the instructions for Filing Notification before completing this form. The

Date Received (For Official Use Only)

,	information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).  United States Environmental Protection Agency  U. S. EPA. REGION V
	1. Installation's EPA ID Number (Mark 'X' in the appropriate box
z B	A First Notification  B. Subsequent Notification (complete Item C)  C. Installation's EPA ID Number  L D 9 8 4 9 1 9 7 5 3
l	II. Name of Installation (Include company and specific site name)
	ECONOMY FASTENERS, INC.
	III. Location of Installation (Physical address not P.O. Box or Route Number)
	Street 3691 PUBLISHERS ORIUE
	Street (continued)
	City or Town State ZIP Code
	ROCKFORDI 1661009-
	County Name
	20/W/WEBAGO!!!!!!!!
*	IV. Installation Mailing Address (See Instructions)
B	Street or P.O. Box
C)	
	City or Town State Zip Code
	V. Installation Contact (Person to be contacted regarding waste activities at alte)
e de la companya de l	Name (last) (first)
	ABRAHAM WALKY
	Job Title Phone Number (area code and number)
	SHOP MANAGER 1815-874-4188
	VI. Installation Contact Address (See Instructions)
	A. Contact Address B. Street St P.O. Box
	Location Mailing
	City or Town State ZiP Code
	City or Town State ZiP Code
	City or Town State ZiP Code  VII. Ownership (See Instructions
×	City or Town State ZiP Code  VII. Ownership (See instructions)  A. Name of installation's Legal Owner
×	City or Town State ZiP Code  VII. Ownership (See Instructions)  A. Name of Installation's Legal Owner  W/C-/HMJ-ROCHG
X	City or Town  State ZiP Code  VII. Ownership (See Instructions)  A. Name of Installation's Legal Owner  W/C//////////////////////////////////
X	City or Town State ZIP Code  VII. Ownership (See Instructions)  A. Name of Installation's Legal Owner  U / C / A M J DOC # 6  Street, P.O. Box, or Route Number
X	City or Town  State ZIP Code  VII. Ownership (See Instructions)  A. Name of Installation's Legal Owner  W/ C - / A M J ROCHE  Street, P.O. Box, or Route Number  3 6 9 / P M B C / S H E R S D R / V E SPANI PC  City or Town  State ZIP Code  POCK F O R O / C 6 / O 9 -
X	City or Town  State ZIP Code  VII. Ownership (See Instructions)  A. Name of Installation's Legal Owner  W / C / A M J. ROCHE  Street, P.O. Box, or Route Number  3 6 9 / P B B C / S H E R S D R / V E SPANI PC  City or Town  State ZIP Code

	<u> </u>	ID - For Official Us	e CHIY
VIII. Type of Regulated Weste Activity (Mark X I	n the appropriate boxes. Re	efer to instructions.	
A. Hazardous Waste Act	livity	B, Used Oil Fuel Activit	lies
a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (220 - 2,200 lbs.) c. Less than 100 kg/mo (220 lbs.) 2. Transporter (indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes  Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify		a Gersetati Mar  b Other Markete  c. Burner - Indic Type of Comb  frace  1. Utility B  2. Industr  3. Industr  tion  2. Specification: Use (or On-site Burne Claims the Oil Me Specification)	keting to Burner  r atis device(s) - pustion Device solier fall Boller fall Furnace pd Oil Fuel Marketer en) Who First bess the
A. Characteristics of Nonlisted Hazardous Wastes. No wastes your installation handles. (See 40 CFR Parts 2)	Aark 'X' in the boxes correspondir 261.20 - 261.24)	ng to the characteristics of nonlisted	hazardous
1 ignitable 2 Corrosive 3 Reactive Characteristic (D001)	ic (List specific EPA (sazantous week rest	TOWNER BY SEE TOWNER STREET, S	50H
8. Usted Hazardous Wastes. (See 40 CFR 261,31 ~ 33	3. See instructions if you need to  3 4  9 10	5 11	5 12
C. Other Wastes. (State or other wastes requiring a han	3 4	e instructions.)	6
K. Certification			
Wally about	e that qualified personnel propersions who manage the systematted is, to the best of my analties for submitting false in and Official Title (type or print)	roperly gather and evaluate the stem, or those persons directly r y knowledge and belief, true, eformation, including the possib	he information responsible for accurate, and
XI. Comments			



## UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION 5 77 WEST JACKSON BOULEVARD CHICAGO, IL 60604-3590

6/25/93

Dear Notifier:

REPLY TO THE ATTENTION OF:

Enclosed you will find the United States Environmental Protection Agency (U.S. EPA) Identification (ID) number that has been assigned to your installation. You will find your twelve character ID number on the top portion of the enclosed notification form. This ID number acknowledges that you have filed a Notification of Regulated Waste Activity for the installation referenced on the notification form to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). This ID number must be included on all shipping manifest(s) for transporting hazardous wastes; on all correspondence; and on all reports required under Subtitle C of RCRA by the U.S. EPA and State agencies.

Please carefully review your status to determine whether the box you have checked is correct for your installation. If you checked Box 1A "Generator" you are a large generator producing over 1000 kg/mo (2200 lbs). Large generators are subject to all applicable regulations under Subtitle C of RCRA including the Annual/Biennial Report. If you determine Box 1A was checked in error, you can change your status to either a Small Quantity Generator (100-1000 kg/mo) or a Conditionally Exempt Generator (less than 100 kg/mo) by notifying the U.S. EPA in writing at the address at the top of this letter. Please indicate which generator category is correct for your installation.

Please note the U.S. EPA number is site-specific. If your installation changes locations, a new notification is required for a new ID number. If your installation has changed ownership, a subsequent notification must be filed to allow the new owner to use the ID number.

If the purpose of your notification is a one-time disposal for a clean-up, PCB removal, underground storage tank removal, etc., please notify U.S. EPA in writing upon completion of the project. U.S. EPA will deactivate the ID number at that time. Any other notification changes not mentioned can be sent to U.S. EPA by letter.

If you have any further questions regarding hazardous waste activity, please contact the Region V Notification Hotline at (312) 886-4001.

Sincerely,

Sharon J. Kiddon

Environmental Protection Specialist